



CLAIM AGAINST THE COUNTY OF SAN DIEGO
(FOR DAMAGES TO PERSONS OR PERSONAL PROPERTY)

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File No: _____

A claim must be filed with the Claims Division of the County of San Diego within 6 months after which the incident or event occurred. Be sure your claim is against the County of San Diego, not another public entity. Where space is insufficient, please use additional paper and identify information by paragraph and number. Completed claims must be mailed or delivered to:

County of San Diego, Claims Division, 1600 Pacific Highway, Room 355, San Diego, CA 92101- Phone (619) 531-4899

TO THE HONORABLE BOARD OF SUPERVISORS – THE COUNTY OF SAN DIEGO, CALIFORNIA

The undersigned respectfully submits the following claim and information relative to damage to persons and/or personal property:

Claimant Information

Last Name Villialobos & Jaramillo	First Name Teodora & Cesar	Middle Name
Street Address [REDACTED]	City Spring Valley	Zip [REDACTED]
Home Phone (include area code) n/a	Work Phone (include area code) n/a	E-mail Address n/a
Birth Date [REDACTED]	Driver's License Number [REDACTED]	
Name, telephone and post office address to which claimant desires notices to be sent, if other than above: Danielle Pena, Morris Law Firm, APC, [REDACTED]		

Claim Information

Date of Occurrence or Event from which the claim arises: October 21, 2018	Time of Occurrence or Event from which the claim arises: evening
Location, including address (if none, nearest cross street) and city: [REDACTED] 91977	
Specify the particular occurrence, event, act or omission you claim caused the injury or damage (use additional paper if necessary): Please see attachment.	
State how or wherein the County of San Diego or its employees were at fault. Give the name(s) of the County department and employee(s) causing the damage or injury: See attachment. Further, Claimants recorded part of this incident. One deputy can be heard calling the second deputy by name, "Deputy Alvarado."	

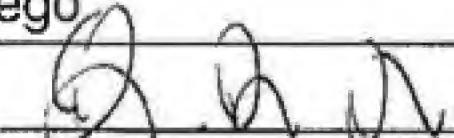


Give a description of the property damage or loss, as is known at the time of the claim: n/a		
Give a description of the injury, as is known at the time of the claim: See attachment.		
Social Security Number (required for Federal reporting requirements): [REDACTED]		
Name and address of any other person injured: n/a		
Name and address of the owner of any damaged property: n/a		
Damages Claimed		
Amount claimed as of this date:	\$ <u>725,000</u>	
Estimated amount of future costs:	\$ <u>725,000</u>	
Total amount claimed:	\$ <u>1,500,000</u>	
Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc): see attachment		
Damaged Vehicle (if applicable)		
Make:	Model:	Year:
License Plate Number:	Mileage:	
Insurance Company:	Policy Number:	
Additional Information		
Names and Address of witnesses, hospitals, doctors, etc:		
A. Cipriano, husband		
B. Sharp Grossmont Hospital		
C.		
Any additional information that might be helpful in considering this claim: Please call for additional information		

➤ **WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (PENAL CODE § 72; INSURANCE CODE § 556.1)**

I have read the matters and statements made in the above claim and I know the same to be true of my own knowledge, except as to those matters stated upon information or belief and as to such matters I believe the same to be true. I certify under penalty of perjury that the foregoing is TRUE and CORRECT.

Signed this 27th day of November, 2018 at San Diego


 Claimant's Signature

Deputies were searching for a young black female said to be located in apartment 17 of building #8926. Deputies approached the wrong apartment - apartment 17 of building #8914 - and banged on the door. Cesar, a minor, answered the door. Cesar answered the deputies various questions and then informed the deputies they were at the wrong building. Deputies then lured Cesar out of his home by asking him to point them in the direction of the right building. Once Cesar opened the metal screen door and reached outside the door to point in the right direction, deputies grabbed him by the arm and pulled him outside. Deputies handcuffed Cesar and sat him on the floor.

At this time, Teodora, Cesar's grandmother and guardian, heard the deputies and woke up to find Cesar missing and her front door wide open. She immediately saw the deputies and that her grandson was handcuffed and bruised. Teodora was frantic and yelling for her grandson to be released. Despite knowing they were at the wrong address, deputies kept Cesar under arrest and continued to argue with Teodora for nearly thirty minutes.

As a result of the encounter, Teodora began having trouble breathing. Then, her chest began to hurt. Teodora's family immediately took her to the emergency room. Medical records indicate Teodora's mild heart attack was a result of "stress-induced cardiomyopathy." To this day, Teodora continues to suffer from physical distress as a result of this incident. Both Teodora and Cesar have also suffered from emotional distress as a result of this incident.